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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600001		C	TY OR TOW	'N SALISBUI	RY
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS						
ADDRESS 98 BEAC		IN IVELER I	LD1.			
CITY/TOWN: SAL		STATE:	MA	ZIP CODE:	01952	
						A11 A1 1 1
MANAGER: CAM	IERON, LEO R. I YI	PE OF LICEN	SE: Restau	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF	PLEASE ALSO VISIT OUR WI		YOUR EMAII	L ADDRESS		
A ONE STORY BLI A BAR. A 50X55 TV FLOOR, A LOUNG	OG., 3 DINING ROC WO STORY ADDIT	OMS, KITCHE ION WITH A	KITCHE	N & BATHRO		
2. the license	wear under penalties red license will be of ee has complied with ses are now open for	the same type	for the sar Commor	nwealth relatin		
SIGNED BY:						
	Individual, Partner	or Authorized	Corporat	e Officer		
DATE:	TELEDUON	E NUMBER:		EMPLO:	YER IDENTIFICA	TION NUMBER:
	TELEFIION	E NUMBER.			Individual Social S	
Acts of 2004, signed	d, attest that we are d by the building ins certificate of liquor	spector and th	e head of	f the fire depa	rtment for the	above named
Please Check Below:			]	LOCAL LICE	NSING AUTH	ORITY
APPROVED:			]	Ву:		
DISAPPROVED: [ (If disapproved explain	ain)					
(ii disappioved expir	<i>,</i>					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 106600004		CITY OR TOWN	SALISBUR	XY
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 175 BRII	A STRIPER'S GRII	NC.			TE/IK
CITY/TOWN: SAL	ISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: KUC	HAR, STEVEN TYI	PE OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I FIRST FLR; FOYER LOUNGE DECK,PA FLOOR BACK REC	R, MAIN ENTRANC TIO AREA, KITCH	E AND EXIT. 2ND EN, OFFICE. LIQU	OR, BEER, WINE S		
2. the license	ed license will be of ee has complied with	of perjury that: the same type for the all laws of the Comi business (If not expl	nonwealth relating to		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the o	by the building ins	spector and the head	l of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600005		CITY OR TOWN	SALISBUR	Y
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: The All American Tav	ern			
DOING BUSINESS A				
ADDRESS 34 BRIDGE RD.				
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: Chambers, Neil R Jr TYPE C	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	ΓΕ AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISES	:			
ONE STORY BUILDING CONSISTING OFFICE AND THREE ENTRANCES	F A KITCHEN, B.	AR, DINING AREA	A, RESTROC	MS,
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	same type for the	same premises now	licensed;	
2. the licensee has complied with all	laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for bus	siness (If not expla	in below)		
SIGNED BY:				
Individual, Partner or	Authorized Corpo	rate Officer		
D.170				
DATE: TELEPHONE N	IUMBER:		IDENTIFICAT	
		(Note: NOT Ind	ividuai Sociai Se	curity Number)
We the undersigned, attest that we are in				
Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab				
-	mity insurance is			
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
- '				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600011		CITY OR TOWN	SALISBURY
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 3 CENT		TALITY GROUP,	LLC	
			ZID CODE	01052
CITY/TOWN: SAI		STATE: MA	ZIP CODE:	01952
MANAGER: MAI TIM	CONEY, TYPE OHTY	OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS	
	LICENSED PREMISE G. WITH 2 BARS, DIN EXITS.		CHEN, OFFICE, ST	ORAGE ROOM & A
2. the licens	yed license will be of the see has complied with all ses are now open for bu	ll laws of the Com	monwealth relating to	
	Individual, Partner of	r Authorized Corp	orate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 106600014		CITY OR TO	WN SALISBUR	X I
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: HENG LI, IN	C			
DOING BUSINES	S A CHIN CHIN	RESTAURANT			
ADDRESS 139 EL	M ST.				
CITY/TOWN: SA	LISBURY	STATE: MA	ZIP CODI	E: 01952	
MANAGER: FA	N, TINA	TYPE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PR	EMISES:			
		WITH DINING ROOM F SED RENOVATIONS.	OR SELLING	PURPOSES, KIT	CHEN &
I hereby certify and	l swear under pen	alties of perjury that:			
1. the rene	wed license will l	be of the same type for the	same premises	now licensed;	
2. the licer	isee has complied	with all laws of the Com	monwealth relat	ing to taxes; and	
3. the pren	nises are now ope	n for business (If not expl	ain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized Corpo	orate Officer		
DATE:	TELEP	HONE NUMBER:		OYER IDENTIFICAT	
			(Note: <u>NO</u>	<u>T</u> Individual Social S	security Number)
We the undersign	ed, attest that w	e are in possession (1) th	e certificate re	quired by Chapt	er 304 of the
		ng inspector and the head			
ncense and (2) the	e certificate of no	quor liability insurance r	equired by Cil	apter 110 of the	Acts 01 2010.
Please Check Below:	7		LOCAL LIC	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	olain)				
( Lisuppis : ea emp	)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000015		CITY OR TO	WN SALISBUR	X1
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ESSEN FOODS	CORP			
DOING BUSINESS A	SYLVAN STR	EET GRILLE			
ADDRESS 195 ELM S	ST.				
CITY/TOWN: SALIS	SBURY	STATE: MA	ZIP CODE	E: 01952	
MANAGER: LEARY	Y, LISA T	YPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	IISES:			
1 1/2 STORY BLDG A DOWNSTAIRS FOR S			E UPSTAIRS AN	ND LARGE	
I hereby certify and sw	ear under penalti	es of perjury that:			
1. the renewed	l license will be o	of the same type for th	e same premises	now licensed;	
2. the licensee	has complied wi	th all laws of the Com	monwealth relat	ing to taxes; and	
3. the premise	s are now open for	or business (If not exp	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPL	OYER IDENTIFICAT	TION NUMBER:
			(Note: NO	Individual Social S	ecurity Number)
We the undersigned,	attest that we a	re in possession (1) t	he certificate re	nuired by Chapt	er 304 of the
Acts of 2004, signed l	by the building i	inspector and the hea	nd of the fire dep	partment for the	above named
license and (2) the cer	rtificate of liquo	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	.06600016		CITY OR TOWN	SALISBUR	RY
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: I	OUFORD ASSOC	IATES INC.			
DOING BUSINESS A	THE WINNERS	CIRCLE			
ADDRESS 211 ELM S	ST.				
CITY/TOWN: SALIS	BURY	STATE: MA	ZIP CODE:	01952	
MANAGER: DUFOR	RD, JEFFREYTYI	PE OF LICENSE:Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	SES:			
WOOD STRUC. GAM	E RM DNG AREA	A BAR & KITCHEN	1		
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of	the same type for the	same premises now	licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating to	o taxes; and	
3. the premises	s are now open for	business (If not expl	ain below)		
SIGNED BY:					
]	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigned,	attact that we are	in negacion (1) th	a aantifiaata maanin	ad by Chant	or 204 of the
Acts of 2004, signed b					
license and (2) the cer					
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	)				
D 4 (TIE)					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 106600017		CITY OR TOWN	SALISBUR	RY
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BOOTS & SADDI	LES CORPORATI	ON		
DOING BUSINESS A	A RUMORS LOUN	IGE			
ADDRESS 188 LAFA	AYETTE RD				
CITY/TOWN: SALI	SBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: CROV	WE, RICHARD TY		General on Capremise Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L TO INCLUDE OUTS I hereby certify and sv 1. the renewe 2. the license	SIDE PATIO TWO wear under penalties and license will be of	SES:  O STORY BUILDING S of perjury that: the same type for the all laws of the Cobusiness (If not ex	NG WITH DANCE FITTHER THE SAME PROPERTY TO THE SAME PROPERTY THE SAME PROPERTY THE SAME PROPERTY TO THE SAME PROPERTY TH	licensed;	
	, attest that we are		(Note: NOT Inc	lividual Social S	er 304 of the
			ead of the fire depart e required by Chapte		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106600021		CITY OR TOWN	SALISBUR	<b>XY</b>
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
	: M.J.F. BOWERY COS A TEN'S SHOW CLU THEND BLVD.	ORP			
CITY/TOWN: SAI	LISBURY	STATE: MA	ZIP CODE:	01950	
MANAGER: KOU GEN	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: Ger pre	neral on CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS		
15000 SQ.FT. STRI	' LICENSED PREMISI UCTURE OF CONCRI ORS -7500 SQ.FT. EA	ETE AND STEEL	TO BE ADDED TO	EXISTING	
	see has complied with a ises are now open for b  Individual, Partner of	usiness (If not expla	nin below)	o taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp certificate of liquor li	ector and the head	l of the fire departi	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106600030		CITY OR TOW.	N SALISBUR	X I
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	K.P. & L.D.INC				
DOING BUSINESS A	GOOD FORTUNE				
ADDRESS 2 ELM STI	REET				
CITY/TOWN: SALIS	BURY	STATE: MA	ZIP CODE:	01952	
MANAGER: LEE,A	NDY TYPE	OF LICENSE:Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	S:			
GROUND FLOOR ST	OREFRONT PROPE	RTY IN STRIP M	ALL.		
I hereby certify and swe	ear under penalties of	perjury that:			
1. the renewed	license will be of the	same type for the	same premises no	w licensed;	
2. the licensee	has complied with all	laws of the Comn	nonwealth relating	g to taxes; and	
	s are now open for bu		`	,	
or the premise.	, are no wopen for our	omess (m not emple			
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed by					
license and (2) the cer	rtificate of liquor lia	bility insurance r	equired by Chap	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	)				
DATE:					
DATE.					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600	0034	CITY OR TOWN	SALISBURY
APPLICATION FOR RENEV	WAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JOSEP	H & EVA H. FAVALORA		
DOING BUSINESS A R & I	LIQUORS		
ADDRESS 105 ELM STREE	T		
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE:	01952
MANAGER: FAVALORA, JOSEPH	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
A ONE STORYF WOOD FR 1,650 SQ. FT. OF STORAGE	AME BLDG. CONISISTING ( EIN REAR.	OF 2,080 SQ FT. SEL	LING SPACE AND
	mplied with all laws of the Con ow open for business (If not exp	=	o taxes; and
Individ	lual, Partner or Authorized Corp	oorate Officer	
DATE: 1	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600037		CI	TY OR TOWN	SALISBUR	RY
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS	SHAHEEN,INC. A MELOS LIQUOR S	TORE				
ADDRESS 1 BROA	DWAY					
CITY/TOWN: SAI	LISBURY	STATE:	MA	ZIP CODE:	01952	
MANAGER: MEL	O, ISALINO C. TYPE	OF LICENS	SE:Packag	ge Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:				
A ONE AND HALF STORAGE.	STORY BUILDING, I	FIRST FOR	SELLING	PURPOSE, SE	COND FOR	
	ee has complied with al ses are now open for bu Individual, Partner or	siness (If no	ot explain l	pelow)	o uxes, and	
DATE:	TELEPHONE	NUMBER:				TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)			LOCAL LICENS	SING AUTHO	ORITY
DATE:			-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600055	•	CITY OR TOWN	SALISBUR	Y
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: GUPPY'S SPIRIT	ΓS, INC			
DOING BUSINESS A MIKE'S PACK.	AGE STORE			
ADDRESS 121 BRIDGE RD				
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: DOWNS, WAYNE TY	YPE OF LICENSE: Pack	tage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		•
DESCRIPTION OF LICENSED PREM	ISES:			
ONE FLOOR WOODEN FRAME STR STORAGE	UCTURE HAVING ON	VE LARGE ROOM	AND A REA	AR FOR
<ol> <li>the renewed license will be of</li> <li>the licensee has complied wife.</li> <li>the premises are now open for</li> </ol>	th all laws of the Commo	onwealth relating to		
SIGNED BY: Individual, Partne	er or Authorized Corpor	ate Officer		
DATE: TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600057		CITY OR TOWN	SALISBUR	RY
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE SALISBURY	Y PUB, LLC			
DOING BUSINESS	A The Shore Club				
ADDRESS 3 BROA	DWAY				
CITY/TOWN: SAI	LISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: OUC	GHTON, MARK TY	PE OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		ROOM, BAR, KITC PPROX 120 SEATS	HEN, ADJ ROOM	WITH POOL	TABLE
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises nov	v licensed;	
2. the licens	ee has complied wit	h all laws of the Com	monwealth relating	to taxes; and	
3. the premi	ses are now open for	r business (If not expl	lain below)		
SIGNED BY:		A 41 ' 10	OCC		
	individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEDIAN		EMPI OVE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
DITE.	TELEPHO	NE NUMBER:			Security Number)
					-
		e in possession (1) the spector and the hea			
		· liability insurance			
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE:					
<i></i>					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	06600059		CITY	OR TOWN	SALISBUR	RY
APPLICATION FOR R	ENEWAL:	Annua	ıl	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: K	RISHANA CORP.					
DOING BUSINESS A	MARTE-L CONVE	NIENCE ST	ORE			
ADDRESS 45 TOLL RO	OAD EXT					
CITY/TOWN: SALISE	BURY	STATE:	MA Z	IP CODE:	01952	
MANAGER: PATEL,	SHAILESH TYPE	OF LICENS	E:Package S	Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR WEBS	ITE AND ENTER Y	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	S:				
THREE FRONT ENTR.	ANCES AND TWO	SIDE ENT	RANCES			
	ar under penalties of icense will be of the as complied with al	e same type f	or the same	_		
	are now open for bu			_		
SIGNED BY:	ndividual, Partner or	· Authorized	Corporate C	Officer		
DATE:	TELEPHONE	NUMBER:			R IDENTIFICAT dividual Social S	CION NUMBER: ecurity Number)
Please Check Below: APPROVED:					SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600060		CITY OR TOWN	SALISBUR	RY
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	EXPRESS FOOD MAR	RT LLC			
DOING BUSINESS	A EXPRESS FOOD MA	<b>R</b> T			
ADDRESS 185 NOI	RTH END BOULEVARD	)			
CITY/TOWN: SAI	LISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: TOU	MA, DAVID M.TYPE O	F LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITI		MAIL ADDRESS		
	LICENSED PREMISES:				
	ROOM WITH APPROX ROCERY STORE AND I			) BE USED	AS
<ol> <li>the renew</li> <li>the licens</li> </ol>	swear under penalties of p red license will be of the s ee has complied with all l ses are now open for busi	ame type for the aws of the Comm	nonwealth relating to		
SIGNED BY:	Individual, Partner or A	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	6600061		CI	TY OR TOW	'N SALISBU	RY
APPLICATION FOR RE	ENEWAL:	Annua	ıl	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: CADOING BUSINESS A CADDRESS 20 OCEAN I	CAROUSEL LOUN					
		CTATE.	MA	ZID CODE.	01052	
CITY/TOWN: SALISB		STATE:	MA	ZIP CODE:		
MANAGER: NABHA	N, AMIN TYPE	OF LICENS	E:Genera premis		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE						
1 STORY BLDG MAIN FACILITIES	FLOOR LOUNGE	E, BAR ARE	A, STOC	K ROOM KI'	TCHEN AND F	RESTRM
SIGNED BY:	are now open for bu			· · · · · · · · · · · · · · · · · · ·		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICA' Individual Social S	
We the undersigned, at Acts of 2004, signed by license and (2) the certi	the building inspe	ector and th	e head of	the fire depa	rtment for the	above named
Please Check Below: APPROVED:					NSING AUTH	ORITY
DISAPPROVED:			j	Зу:		
(If disapproved explain)						
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 106600062		CITY OR TOWN	N SALISBUR	XI
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	UNCLE EDDIE'S,	INC.			
DOING BUSINESS	A UNCLE EDDIE'S	OCEANSIDE TAV	ERN		
ADDRESS 8 OCEA	NFRONT SOUTH				
CITY/TOWN: SAL	ISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: PACIEL J.	*	'E OF LICENSE:Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
TO INCLUDE OUT	SIDE PATIO				
I hereby certify and s	•				
	ed license will be of	* *	•		
2. the license	ee has complied with	all laws of the Comn	nonwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
			(Note: NOT)	Individual Social S	Security Number)
	d, attest that we are				
	I by the building ins certificate of liquor I				
ncense and (2) the (	ter inicate of fiquor	nability insurance i	equired by Chap	ter 110 or the	Acts 01 2010.
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expla	 nin)				
(11 disapproved expit	····· <i>,</i>				
					_
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 106600063		CITY OR TOWN SALISBU	KI
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAI	ME: DOLPHIN GRILLI	E, INC.		
DOING BUSIN	ESS A DOLPHIN GRILI	Œ		
ADDRESS 28 C	CEAN FRONT SOUTH			
CITY/TOWN:	SALISBURY	STATE: MA	ZIP CODE: 01952	
	BRADLEY, JAMES TYP	E OF LICENSE:Res	ctaurant CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREMIS	ES:		
			R ENTR ANCE. PROPOSED G AREA 15' X65' IN FRONT C	<b>DF</b>
I hereby certify a	and swear under penalties	of perjury that:		
1. the re	enewed license will be of t	he same type for the	same premises now licensed;	
	•		nonwealth relating to taxes; and	
3. the pr	remises are now open for	business (If not expla	nin below)	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, si	gned by the building ins	pector and the head	e certificate required by Chap I of the fire department for th equired by Chapter 116 of the	e above named
Please Check Below	<u>/:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved 6	expiain)			
DATE:			-	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10660006	4	CITY OR TOWN SALISBU	RY
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SALISBU DOING BUSINESS A ADDRESS 192 ELM ST	RY MINI-MART, INC.		
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE: 01952	
MANAGER: MABARDY, CHARLES	TYPE OF LICENSE:Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED ONE FLOOR CONVENIENCE I hereby certify and swear under 1. the renewed license w 2. the licensee has comp	STORE penalties of perjury that: vill be of the same type for the	e same premises now licensed; monwealth relating to taxes; and	
SIGNED BY: Individual	l, Partner or Authorized Corp	orate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 100000008		CITY OR TOWN	N SALISBUI	XI
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GB RESTAURAN	Γ INC.			
DOING BUSINESS	A CONNIES STAG	ECOUCH RESTAU	RANT		
ADDRESS 95 ELM	STREET				
CITY/TOWN: SAI	LISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: BOU		PE OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licens	yed license will be of the has complied with see are now open for	all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the head	l of the fire depar	rtment for the	above named
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 ain)				
(11 disapproved expire	······				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10	5600072		CITY OR TOW	'N SALISBUI	XI
APPLICATION FOR RE	NEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: SH DOING BUSINESS A F ADDRESS 66 MAIN ST	AST FREDDIE'S				
CITY/TOWN: SALISB		STATE: MA	ZIP CODE:	01952	
MANAGER: PATEL, I		OF LICENSE:Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEAS DESCRIPTION OF LICE	SE ALSO VISIT OUR WEBST ENSED PREMISES		MAIL ADDRESS		J
2. the licensee ha 3. the premises a  SIGNED BY:	cense will be of the as complied with all re now open for bus	same type for the laws of the Com- iness (If not expl	monwealth relatin		
Ind	dividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICE By:	INSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 106600073		CITY OR TOWN S	ALISBURY
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SWEETHAI	RT CORP., INC		
DOING BUSINESS	A KITTEN'S			
ADDRESS 99 BRII	OGE RD			
CITY/TOWN: SAI	LISBURY	STATE: MA	ZIP CODE:	01952
MANAGER: McC Debi	Cann Moury, ra	TYPE OF LICENSE: Re	staurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PI	REMISES:		
	M; ONE WOM	ANT SPACE ON THE FI ENS BATHROOM; ONE		
I hereby certify and	swear under pe	nalties of perjury that:		
1. the renev	ved license will	be of the same type for the	same premises now lic	ensed;
2. the licens	see has complie	ed with all laws of the Com	monwealth relating to ta	axes; and
3. the prem	ises are now op	en for business (If not expl	ain below)	
SIGNED BY:	T 1' ' 1 1 T		OCC	
	Individual, I	Partner or Authorized Corp	orate Officer	
DATE:				
DATE.	TELE	PHONE NUMBER:		DENTIFICATION NUMBER: lual Social Security Number)
			(110te. <u>1101</u> marvie	idai Sociai Security (varioci)
		we are in possession (1) th		
		ing inspector and the hea iquor liability insurance		
Please Check Below:		·		
APPROVED:			LOCAL LICENSIN	G AUTHORITY
DISAPPROVED:			Ву:	
(If disapproved expl	ain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 106600076	(	CITY OR TOWN SALISBUI	RY
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: HOWARD L. FO	OURNIER		
DOING BUSINESS A CHEF HOWIE	S'S HOBO CAFÉ & LOU	NGE	
ADDRESS 5 BROADWAY			
CITY/TOWN: SALISBURY	STATE: MA	ZIP CODE: 01952	
MANAGER: FOURNIER, HOWA T RD L.	YPE OF LICENSE: Resta	urant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
PUTTING UP NEW WALL; REDUCI RIGHT SIDE OF DINING ROOM; DI KITCHEN/DINING. ADD EXTERIOD DECK; REPLACE FRONT WINDOW	EMOLISH COUNTER; N R REAR DOOR FOR AC	OVE WALL BACK 3' BETW	VEEN
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the sa	nme premises now licensed;	
2. the licensee has complied w	ith all laws of the Commo	nwealth relating to taxes; and	
3. the premises are now open f	for business (If not explain	n below)	
SIGNED BY: Individual, Parti	ner or Authorized Corpora	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liquo	inspector and the head o	of the fire department for the	above named
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved expiaili)			
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600077	(	CITY OR TOWN SALISBU	RY	
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR 2	2013	
		CLASS		YEAR	
LICENSEE NAME:	CHINA MOON	INC.			
DOING BUSINESS	A CHINA BUFFI	ET			
ADDRESS 1 MERR	ILL STREET				
CITY/TOWN: SAL	ISBURY	STATE: MA	ZIP CODE: 01952		
MANAGER: GUC	o, QI DAVID T	YPE OF LICENSE: Rest	caurant CATEGORY	: Wine and Malt Regular	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF					
		ZA. SINGLE STORY AT A AND ONE LOWER LA	ITACHED UNIT. OFF MAIN ANDING ENTRANCE	N ST. ONE	
I hereby certify and s	swear under penalti	ies of perjury that:			
1. the renew	ed license will be	of the same type for the s	same premises now licensed;		
2. the licens	ee has complied w	ith all laws of the Comm	onwealth relating to taxes; and		
3. the premi	ses are now open f	or business (If not explain	in below)		
SIGNED BY:					
	Individual, Partr	ner or Authorized Corpor	rate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA		
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d by the building	inspector and the head	certificate required by Chap of the fire department for th equired by Chapter 116 of the	e above named	
Please Check Below:			LOCAL LICENSING AUTH	IORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111 <i>)</i>				
DATE:			-		
APPLICATION FOR RENEV	WAL MUST BE FILED BY	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 106600078		C	ITY OR TOW	N SALISBUI	RY
APPLICATION FO	R RENEWAL:	Annu	al	LICI	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS		PITALITY GR	OUP, LL	C		
ADDRESS 4 OCEA	N FRONT NORTH					
CITY/TOWN: SAI	LISBURY	STATE:	MA	ZIP CODE:	01952	
	OLUPO, TY	PE OF LICENS	SE:Restar	ırant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
2. the licens	red license will be of ee has complied with ses are now open for Individual, Partner	n all laws of the business (If no	Common	nwealth relatin below)		
	marviduai, Farmei	of Authorized	Corpora	le Officei		
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are d by the building in certificate of liquor	spector and th	e head o	f the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 106600079		CITY OR TO	WN SALISBUR	XI
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	: THOMAS B	RAMHALL			
DOING BUSINESS	S A THE GOUR	RMET PANTRY			
ADDRESS 160 BE	ACH ROAD				
CITY/TOWN: SA	LISBURY	STATE: MA	ZIP CODI	E: 01952	
	AMHALL, OMAS	TYPE OF LICENSE:Pa	ickage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF		OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS		_
2. the licen	see has complied iises are now open	be of the same type for the d with all laws of the Comen for business (If not expand artner or Authorized Corp.	nmonwealth relat		
DATE:	TELEF	PHONE NUMBER:		OYER IDENTIFICAT  T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  lain)		LOCAL LIC	CENSING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	100000081		CITY OR TO	WN SALISBUI	K I
APPLICATION FOR I	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 147 Bridge	Mapow				
CITY/TOWN: SALIS		STATE: MA	ZIP COD	E: 01952	
MANAGER: Wiyada		PE OF LICENSE:R		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:			
first floor containing ap	pprox 1750 sq ft w	rith an entrance and	exit in front and	rear of store, two	restrooms
	•	n all laws of the Cor business (If not exp		ing to taxes; and	
SIGNED BY:	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICATE	
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building in	spector and the he	ad of the fire de	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	106600083		CITY OR TOWN	SALISBUR	RY
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	BUCCIARELLI'S BU				
ADDRESS 147 BRIDO					
CITY/TOWN: SALIS	BURY	STATE: MA	ZIP CODE:	01952	
MANAGER: BUCCI PH	EARELI,JOSETYPE (	OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					]
PL	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISES	:			
IT IS A 3,500 SQ. FT.	FACILITY THAT OF	FFERS MEATS,	SANDWICHES & P	REPARED F	OODS.
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	same type for th	e same premises now	licensed;	
2. the licensee	has complied with all	laws of the Com	monwealth relating to	o taxes; and	
3. the premise	s are now open for bus	iness (If not exp	lain below)		
SIGNED BY:	Individual, Partner or	Authorized Corp	oorate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	]		•		
(If disapproved explain	1)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 106600086		CITY OR TOWN	SALISBURY	
APPLICATION FO	OR RENEWAL:	Annual	SED FOR 2013		
		CLASS		YI	EAR
LICENSEE NAME	E: PINA PATEL				
DOING BUSINES	S A BEACHWAY BA	AR.			
ADDRESS 238 LA	AFAYETTE ROAD				
CITY/TOWN: SA	ALISBURY	STATE: MA	ZIP CODE:	01952	
MANAGER: PA	TEL, PINA TYP	PE OF LICENSE: Ger prei	neral on Ca		Vine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION O	F LICENSED PREMIS	SES:			
APPROPRIATE A	FROOMS AND TWO I PCES FOR DRY GOO OND FLOOR COTAIN	DDS STORAGE, W V	WALK-IN COOLEI	R, AND A UTII	
I hereby certify and	d swear under penalties	of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises now	licensed;	
	nsee has complied with		_	o taxes; and	
3. the pren	mises are now open for	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: Note:		
Acts of 2004, sign license and (2) the Please Check Below: APPROVED:	ned, attest that we are ned by the building ins e certificate of liquor	pector and the head	of the fire departi	ment for the ab r 116 of the Ac	ove named ts of 2010.
DISAPPROVED: (If disapproved exp	alain)				
(11 disappioved exp	<u> </u>				
DATE:					